

## HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

Delta Dental Plan of Arkansas, Inc.

NAIC Company Code 47155

NAIC Group Code 0000	0000	NAIC Company Code	47155 I	Employer's ID Number 71-0561140
(Current Pe Organized under the Laws of Country of Domicile	eriod) (Prior Period) Arkansas	,	State of Domicile or Port of	Entry Arkansas
Licensed as business type:	Life, Accident & Health [ ]	Property/Casualty	[ ] Hospital, Medi	ical & Dental Service or Indemnity [X]
	Dental Service Corporation [ ]	Vision Service Corporation	• •	nance Organization [ ]
Incorporated/Organized:	Other [ ] March 15, 198	Is HMO Federally Qualified	? Yes [ ] No [ ] Commenced Business:	August 1, 1982
· · ·	1513 Country Club Road		, Sherwood, AR 721	
	(Street and Nu	mber)	(Cit	y or Town, State and Zip Code)
Main Administrative Office:	1513 Country Club Road	(Stree	et and Number)	
	Sherwood, AR 72120	,	501-835-3400	
Mail Address 4540.0	(City or Town, State	and Zip Code)	, , , ,	ne Number)
Mail Address: 1513 Count	ry Club Road (Street and Number or P.C	. Box)	, Sherwood, AR 721 (City	y or Town, State and Zip Code)
Primary Location of Books and Reco	·		Sherwood, AR 72120	501-835-3400
Internet Website Address:	•	et and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)
Statutory Statement Contact:	www.deltadentalar.com Phyllis L Rogers		501-835-3400-1616	
•	(Nar	ne)	(Area Code) (Telepho	ne Number) (Extension)
	progers@deltadentalar.com (E-Mail A	ddross)		501-992-1617 (Fax Number)
	(L-Mail F	OFFICERS		(i ax ivuiliber)
	Name	OFFICERS	Title	
1.			President and CEO	
2.			Secretary	
3.	Susan Jane Fletcher Smith		Treasurer	
		VICE-PRESIDENTS		
Name	Title		Name	Title
Ina Lynn Harbert	Senior Vice President and C	Phyllis Lyr	nn Rogers	Senior Vice President and CFO
Herman Eldon Hurd	Vice President of Provider F	<del></del> -		Vice President of Information Technology
Timothy Wayne Carney	Senior Vice President of Sa	es and Marketi James Du	rette Johnson	Senior Vice President of Business Developme
		DIRECTORS OR TRUST	FFS	
Ronald Paul Ownbey	Harold Wayne Perrin	Robert Jo	_	Robert Howard Gladden
Ebb Weldon Johnson	James Talbert Johnston	Daniel Au	stin Lieblong	Byron Scott Southern
Paul David Fitzgerald	Susan Jane Fletcher Smith			
State of Arkansas				
County of Pulaski	ss			
The officers of this reporting outiful being	duly assert and annual and any that the	ave the described afficers of said	vananting antity, and that on the var	soution posited attack above all of the bornin described
				porting period stated above, all of the herein described stement, together with related exhibits, schedules and
		·		reporting entity as of the reporting period stated above,
	•	•		d Accounting Practices and Procedures manual except
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			procedures, according to the best of their information, ing with the NAIC, when required, that is an exact copy
	electronic filing) of the enclosed statement		• •	
(A)		(0)		(6)
(Signature) Ed Choate		(Signature) Byron Southern		(Signature) Susan Smith
(Printed Name)		(Printed Name)		Susan Smith (Printed Name)
1.		2.		3.
President and CEC	)	Secretary		Treasurer
(Title)		(Title)		(Title)
Subscribed and sworn to before me this			a. Is this an origi	inal filing? [X]Yes []No
20 day of February	, 2009		_	ate the amendment number
	<del></del>		2. Da	ate filed
			3. N	umber of pages attached

#### EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	2,660	811				3,47
Group subscribers:	2,000	011				0,41
Arkansas Highway and Transportation Department	62,835	6,381				69,210
City of Little Rock	35,571	4,986				40,55
0299997 Group subscriber subtotal	98,406	11,367				109,77
0299998 Premiums due and unpaid not individually listed	103,655					103,65
0299900 Premiums due and unpaid not individually listed	103,033					103,03
0299999 Total group	202,061	11,367				213,42
0399999 Premiums due and unpaid from Medicare entities						
- COCCOCC Tromano dao ana anpara nom modicaro chidico						
0499999 Premiums due and unpaid from Medicaid entities						
	1					
	1		1		1	
***************************************	1				1	
	1				1	
	1				1	
	1					
	1					
	1		1			
	1		1			
	1					
	1					
	1					
0.700000						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	204,721	12,178				216,89

#### **EXHIBIT 3 – HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
					1	
					1	
					1	
					1	
					1	
					1	
<b>,</b>						
		ONE				
					1	
					1	
					1	
					1	
0799999 Gross Health Care Receivables						

# NONE Exhibit 4 - Claims Unpaid (Reported and Unreported)

# EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	itted
·	_	-	·		-	7	8
Name of Affiliates	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Omega Administrators, Inc.	1,060,124					1,060,124	
0199999 Individually listed receivables	1,060,124					1,060,124	
	, ,					, ,	
0299999 Receivables not individually listed							
			1				
0399999 Total gross amounts receivable	1,060,124					1,060,124	

# EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
	Description		Current	Non-current
Omega Administrators, Inc.	Administrative Fees	2,139,297	2,139,297	
0199999 Individually listed payable		2,139,297	2,139,297	
0299999 Payables not individually listed				
	1	1		
	1			[
		1		
	1	1		<b> </b>
0000000 Talalana allan		0.400.007	0.400.007	
0399999 Total gross payables		2,139,297	2,139,297	

## **EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
Total capitation payments						
Other Payments:						
5. Fee-for-service	53,767,131	100.000	XXX	XXX		53,767,132
Contractual fee payments			XXX	XXX		
Bonus/withhold arrangements – fee-for-service			XXX	XXX		
Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
Non-contingent salaries			XXX	XXX		
Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	53,767,131	100.000	XXX	XXX		53,767,132
13. Total (Line 4 plus Line 12)	53,767,131	100.000	XXX	XXX		53,767,132

## **EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
			NE		
			<b>M</b> – · · · · · · · ·		
		]			
		1			
9999999 Totals			XXX	XXX	XXX
SIBIOI ECECECE			^ ^ ^	^ ^ ^ ^	^^^

# **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
			Accumulated	Book Value Less	Assets Not	Net Admitted
Description	Cost	Improvements	Depreciation	Encumbrances	Admitted	Assets
Administrative furniture and equipment	1,210,582		640,198	570,385	570,385	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	1,210,582		640,198	570,385	570,385	



47155200843004110

# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

Report for: 1. Corporation	 2.

(LOCATION)

#### NAIC Group Code 0000

#### **BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2008**

NAIC Company Code 47155

	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
		2	3							
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	132,689				1,641	131,048				
2. First Quarter	138,755				3,891	134,864				
Second Quarter	140,278				5,214	135,064				
4. Third Quarter	143,767				6,761	137,006				
5. Current Year	145,020				8,571	136,449				
6. Current Year Member Months	1,682,828				69,841	1,612,987				
Total Member Ambulatory Encounters For Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	70,653,878				969,780	69,684,098				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision										
of Health Care Services	53,767,131				480,817	53,286,314				
18. Amount Incurred for Provision of										
Health Care Services	54,118,675				504,583	53,614,092				

(a)	For health business: number of persons insured under PPO managed care products	$\underline{\textbf{0}}$ and number of persons insured under indemnity only products	273,017.
(b)	For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$	0.	



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

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	17	151	500	nns	2/12	050	110	١	

Report for: 1. Corporation

(LOCATION)

**NAIC Group Code** 

#### **BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2008**

**NAIC Company Code** 

		1	Comprehensive (H	Comprehensive (Hospital & Medical)		5	6	7	8	9	10
			2	3							
					Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Т	otal Members at end of:										
	1. Prior Year	132,689				1,641	131,048				
	2. First Quarter	120 755				3,891	134,864				
	Second Quarter	140,278				5,214	135,064				
	4. Third Quarter	143,767				6,761	137,006				
	5. Current Year	145,020				8,571	136,449				
$\sim$	6. Current Year Member Months	1,682,828				69,841	1,612,987				
29.GT	otal Member Ambulatory Encounters For Year:										
7	7. Physician										
	8. Non-Physician										
	9. Total										
	10. Hospital Patient Days Incurred										
	11. Number of Inpatient Admissions										
	12. Health Premiums Written (b)	70,653,878				969,780	69,684,098				
	13. Life Premiums Direct										
	14. Property/Casualty Premiums Written										
	15. Health Premiums Earned										
	16. Property/Casualty Premiums Earned										
	17. Amount Paid for Provision										
	of Health Care Services	53,767,131				480,817	53,286,314				
	18. Amount Incurred for Provision of										
	Health Care Services	54,118,675				504,583	53,614,092				

(a)	For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products	273,017.
/L\	Factorial accessions with a constant of Madicara Tills VVIII access from that to us of factorial		
(D)	For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$		

#### SCHEDULE S - PART 1 - SECTION 2

#### Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
'		J	7		Ü	,		Reserve	Reinsurance	11	
								Liability	Payable on		Funds
NAIC	Federal ID	Effective	Name of		Type of Reinsurance		Unearned	Other Than For Unearned	Paid and Unpaid	Modified Coinsurance	Withheld Under
Company Code	Number	Date	Reinsured	Location	Assumed	Premiums	Premiums	Premiums	Losses	Reserve	Coinsurance
	[										
				NON							
						1					
						1					
0399999	Totals										
UUUUUU	iviais										

#### SCHEDULE S - PART 2

# Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
			MANE			
			NONE			
			••••••			
			•••••			
0799999	Totals - Life, Annuity and	Accident and Health				

#### SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Credit	Outstand	ing Surplus elief	12	13
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type of Reinsurance Ceded	Premiums	Unearned Premiums (Estimated)	Taken Other than for Unearned Premiums	10 Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
				· · · · · · · · <b>· · · · · · · · · · · </b>	DNE							
					JINE							
					~.							
1599999	Totals											

#### **SCHEDULE S - PART 4**

#### Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6 Paid and Unpaid	7	8	9	10	11 Funds Deposited by	12	13	14 Sum of Cols. 9 + 10 + 11 + 12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	+ 13 But Not in Excess of Col. 8
						ONE							
						ONE	l <sub> </sub>						
					<del>-</del>								
											1		
				]							1		
1199999	Total (General	Account & Separa	ate Accounts combined)										

SCHEDULE S – PART 5
Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)

		1	2	3	4	5
		2008	2007	2006	2005	2004
Α.	OPERATIONS ITEMS					
1.	Premiums					
2.	Title XVIII-Medicare					
3.	Title XIX-Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
<b>B.</b>	BALANCE SHEET ITEMS Premiums receivable					
7	Claime navable					
8.	Reinsurance recoverable on paid losses  Experience rating refunds due or unpaid	NO				
9.	Experience rating refunds due or unpaid	INU	NE			
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)					
13.	Letters of credit (L)					
14.	Trust agreements (T)					
15.	Other (O)					

SCHEDULE S — PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		i i		(gross of ceded)
		(net of ceded)	Adjustments	(gross or ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)			
2.	Accident and health premiums due and unpaid (Line 13)			
3.	,			
4.	Net credit for ceded reinsurance	XXX		
5.	All other admitted assets (Balance)			
6.	Total assets (Line 26)			
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)			
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)			
10.	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers (Line 17)			
	Reinsurance in unauthorized companies(Line 18)			
1	All other liabilities (Balance)	NONE	<b>.</b>	
1	Total liabilities (Line 22)	INOIL		
1	Total capital and surplus (Line 31)		XXX	
15.	Total liabilities, capital and surplus (Line 32)			
	NET CREDIT FOR CEDED REINSURANCE			
1	Claims unpaid			
1	Accrued medical incentive pool			
i	Premiums received in advance			
ı				
20.				
21.	Total ceded reinsurance recoverables			
l	Premiums receivable			
23.	Funds held under reinsurance treaties with authorized			
	and unauthorized reinsurers			
24.	Unauthorized reinsurance			
25.	Other ceded reinsurance payables/offsets			
26.	Total ceded reinsurance payables/offsets			
27.	Total net credit for ceded reinsurance			

#### NONE Schedule T - Part 2

#### **SCHEDULE Y**

#### PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6 Purchases,	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parents, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
0	043740469	Omega Administrators, Inc.					(12,564,281)				(12,564,281)	
0	043740469	Omega Administrators, Inc. Omega Administrators, Inc.					1,615,097				1,615,097	
0	261569324	Delta Dental Of Arkansas Foundation				(573,958)					(573,958)	
	1											
	1											
0000000	Control Tatala					(570.050)	(40.040.404)		V V V		(14 500 440)	
9999999	Control Totals					(573,958)	(10,949,184)		XXX		(11,523,142)	

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#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING									
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES							
2.	Will an actuarial opinion be filed by March 1?	YES							
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES							
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES							
	APRIL FILING								
5.	Will Management's Discussion and Analysis be filed by April 1?	YES							
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES							
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES							
	JUNE FILING								
8.	Will an audited financial report be filed by June 1?	YES							

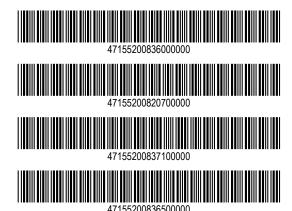
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

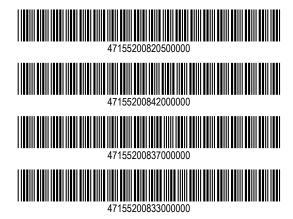
#### MARCH FILING

9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
16.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
17.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO

#### Explanation:

#### Bar Code:





#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES





47155200821300000

## **OVERFLOW PAGE FOR WRITE-INS**

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